

Massachusetts Environmental Police
Boating & R.V. Safety Bureau
1019 Rte. 132, 2nd Floor
Weymouth, MA 02160
(617) 727-8760

BOATING ACCIDENT REPORT

The operator/owner of a vessel used for recreational purposes is required to file a report in writing whenever an accident results in: loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of \$500 or complete loss of the vessel. Reports in death and injury cases must be submitted within 48 hours. Reports in other cases must be submitted within 10 days. Reports must be submitted to the above address. This form is provided to assist the operator in filing the required written report.

COMPLETE ALL BLOCKS (indicate those not applicable by "NA")

| | | | |
|---|--|---|---|
| NAME AND ADDRESS OF OPERATOR JOSEPH R GALGANO 270 OLD OCEAN ST, MARSHFIELD MA 02158 | AGE OF OPERATOR 58 | OPERATOR'S EXPERIENCE This type of boat <input type="checkbox"/> Under 20 Hours <input type="checkbox"/> Under 20 Hours <input type="checkbox"/> 20 to 100 Hours <input type="checkbox"/> 20 to 100 Hours <input type="checkbox"/> 100 to 500 Hours <input type="checkbox"/> 100 to 500 Hours <input type="checkbox"/> Over 500 Hours <input checked="" type="checkbox"/> Over 500 Hours | |
| OPERATOR TELEPHONE NUMBER (781) 837-9826 | DATE OF BIRTH 8-26-43 | OWNER TELEPHONE NO. (781) 837-9826 | |
| NAME AND ADDRESS OF OWNER BLUE WATER ENTERPRISES INC. PO BOX 2682 OCEAN BLUFF MA 02155 | RENTED BOAT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | NUMBER OF PERSONS ON BOARD 1 | FORMAL INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> American Red Cross <input type="checkbox"/> Other (Specify) MASS. MARINER'S CARD, VAC |

| | | | | |
|---|---|--|---|--|
| BOAT REGISTR. NO. MS 2682 PW | BOAT NAME PRIM LADY | BOAT MAKE PROVINCIAL | BOAT MODEL PROVINCIAL 42 | BOAT HULL IDENTIFICATION NO. MS 2MT 181 G 202 |
| TYPE OF BOAT <input type="checkbox"/> Open Motorboat <input checked="" type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe <input type="checkbox"/> Other (Specify) | HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber/vinyl <input type="checkbox"/> Other (Specify) | ENGINE <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard gasoline <input type="checkbox"/> Inboard diesel <input type="checkbox"/> Inboard-diesel <input type="checkbox"/> Jet <input type="checkbox"/> Other (Specify) | PROPELLION No. of engines 1 Horsepower (total) 300 Type of fuel DIESEL | CONSTRUCTION Length 42' Year built (Year) 1925 |
| Has boat had a Safety Examination? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO per current year <input type="checkbox"/> YES <input type="checkbox"/> NO Year _____ | | | | Indicate whether <input type="checkbox"/> USCG Auxiliary Courtesy Marine Exam. <input type="checkbox"/> State/Local registration <input type="checkbox"/> Other |

| | | | | |
|---|--|---|---|--|
| ACCIDENT DATA | | | | |
| DATE OF ACCIDENT 8-24-02 | TIME 2:30 PM | NAME OF BODY OF WATER CAPE COD BAY | LOCATION (Give location precisely) 13913.0 / 25541.8 | Lat: _____ Long: _____ |
| STATE MA | NEAREST CITY OR TOWN BRANT ROCK / MARSHFIELD | | COUNTY PLYMOUTH | |
| WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy | WATER CONDITIONS <input type="checkbox"/> Calm (waves less than 6") <input type="checkbox"/> Choppy (waves 6" to 2') <input checked="" type="checkbox"/> Rough (waves 2' to 6') <input type="checkbox"/> 3' <input type="checkbox"/> Very Rough (greater than 6') <input type="checkbox"/> Strong Current | TEMPERATURE (Estimate) Air <input type="checkbox"/> 70° <input checked="" type="checkbox"/> 72° <input type="checkbox"/> 74° Water <input type="checkbox"/> 70° <input type="checkbox"/> 72° <input checked="" type="checkbox"/> 74° | WIND <input type="checkbox"/> None <input type="checkbox"/> Light (0-4 mph) <input type="checkbox"/> Moderate (7-14 mph) <input type="checkbox"/> Strong (13-25 mph) <input type="checkbox"/> Severe (Over 25 mph) | VISIBILITY Day <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor Night <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor |

| | | | |
|--|---|--|---|
| OPERATION AT TIME OF ACCIDENT (Check all applicable) <input type="checkbox"/> Check all applicable <input type="checkbox"/> Commercial Activity <input type="checkbox"/> Cruising <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approaching Dock <input type="checkbox"/> Leaving Dock <input type="checkbox"/> Water Skiing <input type="checkbox"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Other (Specify) | TYPE OF ACCIDENT <input type="checkbox"/> Drifting <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock <input type="checkbox"/> Peeling <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Skin Diving/ Swimming <input type="checkbox"/> Being Towed <input type="checkbox"/> Other (Specify) | TYPE OF ACCIDENT <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Plowing <input type="checkbox"/> Staking <input type="checkbox"/> Fire or Explosive (Fuel) <input type="checkbox"/> Fire or Explosive (Other than fuel) <input type="checkbox"/> Fallen Star <input type="checkbox"/> Collision with Vessel | WHAT IN YOUR OPINION CONTRIBUTED TO THE ACCIDENT? (Check all applicable) <input type="checkbox"/> Weather <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Improper Load <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Other (Specify) <i>4-10 P.M. HOT SW. AIR COLD AT HELM</i> |
|--|---|--|---|

| | | | |
|---|---|--|---|
| PERSONAL FLOTATION DEVICES (PFD'S) | | PROPERTY DAMAGE | FIRE EXTINGUISHERS |
| Was the boat adequately equipped with COAST GUARD APPROVED FLOTATION DEVICES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was the vessel carrying COGN approved fotation device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were they serviceable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were they used by survivors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What Type? <input type="checkbox"/> L <input type="checkbox"/> I <input type="checkbox"/> B <input type="checkbox"/> M <input type="checkbox"/> V (Specify) _____ | Estimated amount This Boat \$ <input type="checkbox"/> <input type="checkbox"/> Other Boat \$ <input type="checkbox"/> <input type="checkbox"/> Other Property \$ <input type="checkbox"/> <input type="checkbox"/> | Were they used? (If yes, list Type(s) and number used) <input type="checkbox"/> Yes <input type="checkbox"/> No L/MA Type: _____ |
| Were PFD's properly used? Adjusted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strapped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | DESCRIBE PROPERTY DAMAGE FISHING BOAT BIG-16, 40' - DAMAGE TO VESSEL NOT YET ASSESSED | NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY Blue Water Enterprises PO Box 2682, Ocean Bluff, MA | 07-215 |

Include any comments on PFD's under ACCIDENT DESCRIPTION on other side of form

If more than 3 fatalities and/or injuries, attach additional form(s).

| DECEASED | | | | | |
|----------|---------|---------------|--|---|--|
| NAME | ADDRESS | DATE OF BIRTH | WAS VICTIM? | DEATH CAUSED BY | WAS PFD WORN? |
| | | | <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer | <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE | <input type="checkbox"/> Yes <input type="checkbox"/> No What Type? |
| | | | <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer | <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE | <input type="checkbox"/> Yes <input type="checkbox"/> No What Type? |
| | | | <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer | <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE | <input type="checkbox"/> Yes <input type="checkbox"/> No What Type? |

| INJURED | | | | | |
|-------------------|---|---------------|-----------------------------------|--|--|
| NAME | ADDRESS | DATE OF BIRTH | NATURE OF INJURY | MEDICAL TREATMENT | |
| JOSEPH R. GALIANA | 270 OLD OCEAN ST MARSHFIELD MA 02150 | 8-26-03 | TENDON'S OF RIGHT ARM AND HAND | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

ACCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED (Sequence of events. Include Failure of Equipment. If diagram is needed attach separately. Continue on additional sheets if necessary. Include any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident. Include any descriptive information about the use of PFD's.)

PLEASE SEE ATTACHMENT

| VESSEL NO. 2 (If more than 2 vessels, attach additional forms.) | | |
|---|-------------------|-------------|
| Name of Operator | Address | Boat Number |
| JEFF LEE BOLSTER | 195 VINE ST | 682287 |
| Telephone Number | | Boat Name |
| (781) 585-6913 | DUXBURY, MA 02332 | SNOW GOOSE |
| Name of Owner | Address | |
| JEFF LEE BOLSTER | " | |

| WITNESSES | | |
|-----------------|--|------------------|
| Name | Address | Telephone Number |
| SHAWN P. KELLY | 47 RAVEN HILL WAY BALTIMORE SPA, NY 12020 | (518) 583-4495 |
| JANA R. GALIANA | 2106 COUNTY ST TALINTON, MA 02780 | (508) 824-5487 |
| | | Telephone Number |

| PERSON COMPLETING REPORT | | |
|--|--|------------------|
| SIGNATURE | Address | Telephone Number |
| Joseph R. Galiana, Party of One | 270 OLD OCEAN ST MARSHFIELD, MA 02150 | (781) 837-2826 |
| QUALIFICATION (Check One) | | Date Submitted |
| <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Investigator <input type="checkbox"/> Other | | 8-26-02 |

| (do not use) FOR REPORTING AUTHORITY REVIEW (use agency date stamp) | | |
|---|-----------------------------|---------------|
| Caused based on (check one) | Name of Reviewing Office | Date Received |
| <input type="checkbox"/> This report <input type="checkbox"/> Investigation and this report | | |
| <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined | | |
| Primary Cause of Accident | Secondary Cause of Accident | Reviewed By |

Attachment to Boating Accident Report

Description of accident, 8-24-02, 2:30 pm, Cape Cod Bay, collision of Snow Goose (Vessel #2) with Prim Lady (Vessel #1)

While at anchor, fishing for tuna, I observed Vessel #2 approaching and assumed the skipper was in search of bait, conversation, etc. However, he did not decrease speed (approximately 12 knots, I estimate) as he neared, and, only seconds before impact, I could see that there was no one at the wheel. Vessel #2 struck Vessel #1 starboard side, amidships, then bounced off and, because V2 was on autopilot and therefore still in gear, struck again. This time V2 turned and raked V1 midship to stern, tearing away fishing gear and damaging V1 to an as yet unknown extent. I was knocked down and smashed into the doorframe of the wheelhouse, injuring the tendons in my right arm and hand. I did not observe any injuries to my companions. Immediately after the accident I asked the skipper of V2 if he had been on autopilot, which he confirmed. He had also been wearing some sort of headset, whether earphones or for sound suppression I do not know, while working on his afterdeck. At my request, V2 remained with V1 and both vessels returned to Brant Rock together. During the return trip, I experienced engine vibration and overheating, smelled hydraulic fluid, and observed the bilge pumps come on several times—none of which had happened on the trip out. During the return trip I also observed that the skipper of V2 again turned on his autopilot and returned to work on his afterdeck.

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